

# Foster Family Home - Corrective Action Report

Provider ID: 5-150013

Home Name: Norwena B. Visitation, CNA

Review ID: 5-150013-9

1875 Kaku Street

Reviewer: Maribel Nakamrine

Lihue HI 96766

Begin Date: 3/12/2021

## Foster Family Home

## Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 4/12/2021.

## Foster Family Home

## Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's Ecrim lapsed on 1/4/2020 and renewed on 1/9/2020; APS/CAN lapsed on 1/8/2020 and renewed on 1/28/2020. CG#2's Ecrim lapsed on 7/2/2020 and renewed on 8/9/2020; APS/CAN lapsed on 7/2/2020 and renewed on 8/31/2020. No background checks results present in the CCFFH binder for additional household member occupying a unit behind the CCFFH's living room door and when door was opened, CTA noted a boarded up wall. Per CG#1, there were 2 adults living in there.

## Foster Family Home

## Reporting Changes

[11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4)- CCFFH was noted to be renovating and adding another bedroom. CG#1 admitted that CTA was not notified in writing.

## Foster Family Home

## Information Confidentiality

[11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- 2 adult household member occupying behind a boarded up wall were without training present in the CCFFH's confidentiality policies and procedures and client privacy rights training.

# Foster Family Home - Corrective Action Report

## Foster Family Home

## Personnel and Staffing

[11-800-41]

- 41.(a)(2) Be a NA, an LPN, or RN.
- 41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap.
- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.
- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

### Comment:

41.(a)(2)- CG#2's CNA certification expired on 8/22/2015; no copy of NA certificate present in the CCFFH binder.

41.(b)(6)- Noted that CCFFH had started building an additional bedroom which may or may not be properly permitted. CTA asked CG#1 to provide a building permit- CG#1 unable to produce a permit from DPP(Dept. of Planning & Permitting).

41.(b)(6)- Noted that there was a makeshift kitchen with a portable stove and a gas tank in an enclosed porch which may or may not be properly permitted. CG#1 unable to provide a written permit at the time of CCFFH inspection.

41.(b)(7)- CG#2's TB clearance lapsed on 1/2/2021 and renewed on 1/28/2021.

41.(c)- CG#3 and CG#4 both only had 3 hours of annual in-service; each was short of 5 more hours to complete 8 hours of required annual in-service.

41.(f)(1)- Household members occupying a unit behind a boarded up wall were without TB clearance results present in the CCFFH binder.

## Foster Family Home

## Physical Environment

[11-800-49]

- 49.(a)(1) Bathrooms with non-slip surfaces in the tubs and/or showers, and toilets adjacent or easily accessible to sleeping rooms;
- 49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

### Comment:

49.(a)(1)- Clients' bathroom showers without a non-slip bath mat/rug present.

49.(c)(3)- Clients' bathroom near Client #1 without a proper working lights; CG#1 reported that because of the renovation, electrician turned off access; also the stove inside the kitchen was not working which was turned off due to the CCFFH's renovation.

## Foster Family Home

## Insurance Requirements

[11-800-51]

- 51.(a)(2) Automobile; and

### Comment:

51.(a)(2)- CCFFH's car insurance policy expired on 3/22/2019 and a copy of a current car's insurance policy was written as effective on 3/22/2021 till 9/22/2021. CG#1 admitted to not renewing car insurance policy for expiration date of 3/22/2019.

## Foster Family Home

## Records

[11-800-54]

- 54.(c)(5) Medication schedule checklist;

### Comment:

54.(c)(5)- Medication Administration Record of Client #1 was signed a day ahead (3/13/2021).

54.(c)(6)- ADL's/Daily Care Flowsheet was signed a day ahead (3/13/2021).

*Maribel Nakuripe, RW*

Compliance Manager

Primary Care Giver

Date

Date

*3/12/2021*

*3/12/2021*

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Norwena Visitation

(PLEASE PRINT)

CCFFH Address: 1975 Kaku St Lihue HI 96766

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.a.1	Lapse cannot be corrected	3/16/21	Schedule due dates 2 months in advance to prevent future lapses.
8.a.2	Obtained a background check for the 2 adults occupying the other unit. Results would be placed into home records.	3/23/21	
12.4	During inspection, CG#1 informed CTA Compliance manager that renovation was being done to CCFFH	3/13/21	CCFFH will notify CTA office 30 days in advance prior to starting any home renovation.
16.b.5	Obtained a confidentiality training for the 2 adults occupying the other unit. Placed into home records.	3/23/21	CG#1 will provide the confidentiality training within 10 days of adding new household to CCFFH
41.a.2	Removed as caregiver	3/23/21	CG#1 will obtain a copy of certificates for each substitute before adding them to CCFFH as caregiver.
41.b.6	Torn down the wall and curtain installed	3/14/21	CG#1 will obtain permit from DPP for any home renovation
41.b.6	Removed make shift kitchen/stove	3/15/21	CCFFH will obtain permit if the kitchen is permanent

☒ All items that were fixed are attached to this CAP

PCG's Signature: 11/15/21

Date: 4-12-21

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Norwena Visitation

(PLEASE PRINT)

CCFFH Address: 1975 Kaku St Lihue HI96766

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.b.7	Lapse cannot be corrected	3/12/21	CCFFH will use a spreadsheet on laptop to identify when requirements are due to prevent them from expiring. PCG will inform other caregivers when an item is due 4 weeks before it is due.
41.c	CG#3 & CG#4 obtained annual inservice with 5 more hours.	3/21/21	CCFFH will double check that each caregivers have the required annual inservices.
41.f.1	TB clearance exemption	04/07/21	CG#1 will complete TB clearance exemption form within 10 days of adding new household members to CCFFH.
49.a.1	non slip bath mat was placed in the bathroom/shower floor	3/14/21	PCG will use a non slip bath mat on the bathroom floor for clients safety.
49.c.3	Called the electrician to restore lighting to the bathroom and switch to the kitchen stove.	3/13/21	CCFFH will provide proper lighting to ensure clients safety.

☒ All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 4-12-21

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Norwena Visitation  
(PLEASE PRINT)

CCFFH Address: 1975 Kaku St. Lihue HI 96766  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
51.a.2	Obtained a copy of the vehicle insurance	3/16/21	Home will renew the cars insurance policy prior to expiration date within 2-3 weeks.
54.c.5	Lapse cannot be corrected	3/13/21	CG#1 and all caregivers will sign MAR immediately after administering client medication.
54.c.6	Lapse cannot be corrected	3/13/21	CG#1 and all caregivers will sign the Daily Care Flowsheet after providing the service to clients.

☒ All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 4-12-21

☒ CTA has reviewed all corrected items